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SUBJECT: H1N1 UPDATE: COORDINATION AND VACCINATION IN OMAN

REF: MUSCAT 933; MUSCAT 855

¶1. (SBU) SUMMARY: Oman's reaction to the H1N1 threat reflects a fully transparent and an increasingly coherent policy which corresponds to WHO recommendations. The Ministry of Health has ordered a sufficient amount of vaccinations and has prioritized the appropriate groups for their receipt. Perhaps the most telling indication that Oman's approach has coalesced fully is that public policy is now set by the ministerial-level Supreme H1N1 Committee which is advised on technical matters by the National Committee for Follow-Up and Management of H1N1. END SUMMARY.

(SBU) On October 7 EconOff met with Dr. Salah Al Awaidy, Director of the Department of Communicable Disease Surveillance and Control. Dr. Al Awaidy stated that Oman will receive 100,000 doses of the H1N1 vaccine within the next week. Oman will receive another 100,000 doses in early November. The government has ordered a total of 2.6 million doses of the vaccine. There will be enough doses of the vaccine to treat nearly all of the population of approximately 3 million.

¶2. (SBU) According to Dr. Awaidy, the vaccines will be dispensed to high-risk groups in the following order: health workers, pregnant women, children aged 6 months to 2 years, and finally children aged 2 years to 5 years. Dr. Al Awaidy also mentioned two other groups prioritized for vaccination: the 16,000 Omani Hajj pilgrims and over 15,000 government ministers and high ranking officials. Dr. Al Awaidy did not indicate whether these two groups would supplant any of the others in terms of priority for vaccination. Dr. Al Awaidy stated that there would be no priority given to members of the military. For distribution of the first 100,000 doses, each group will have ten days in which to be vaccinated. The government will imminently launch a media campaign directing the public on vaccination procedures.

¶3. (SBU) Dr. Al Awaidy said that doctors are now restricted to dispensing Tamiflu to high risk groups. Such groups include: pregnant women, obese individuals, heavy smokers, asthmatics, people with metabolic conditions and patients that have had a fever for three consecutive days. Tamiflu is not available over-the-counter.

¶4. (SBU) When asked about the recent formation of the Supreme H1N1 Committee, Dr. Al Awaidy averred that prior to its formation there were conflicting government policies amongst the ministries, but that the Supreme Committee has helped to better prioritize government action on H1N1. Dr. Al Awaidy further stated that before the Supreme Committee's formation, recommendations made by the National Committee for Follow-Up and Management of H1N1, were not given the proper amount of attention. He added that the formation of the Supreme Committee has led to a more cohesive government policy on H1N1.

15. (SBU) The doctor also explained the government's policy regarding school closures when suspected cases of H1N1 are detected. If three or more children have H1N1-like symptoms the government will close a school. The closure is mandatory and applies to international schools, including The American International School of Muscat (TAISM) and the American British Academy (ABA), the two schools where the majority of American children are enrolled.  
Schmierer